

TIME SHEET
FAMILY LAW FACILITATOR PROGRAM, FY2005/2006

Superior Court, County of _____

Time Sheet for the Month of: _____

Employee Name (Please Print): _____

Day	Reimbursable Title IV-D Support Hours	Outreach Hours	Non-Reimbursable Other Hours	Benefit Hours (vacation, annual leave, sick leave, holidays, court leave, and military leave)	Total Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					

Employee certifies under penalty of perjury that this time sheet accurately represents actual time worked.

Employee's Signature

Approver's Signature

Signature _____

Signature _____

Date _____

Date _____

Contractor Activity Log
FAMILY LAW FACILITATOR PROGRAM, FY2005/2006

Superior Court, County of _____

Time Sheet for the Month of: _____

Contractor Name (Please Print): _____

Day	Reimbursable Title IV-D Support Hours	Outreach Hours	Non-Reimbursable Other Hours	Total Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total				

Contractor certifies under penalty of perjury that this activity log accurately represents actual time worked.

Contractor's Signature

Signature _____

Date _____